

Region V

Committee Nomination Form

____ ACTE Committee

____ Region V Committee

Nomination for: (Committee/Position)

Name: _____ Home/Work Phone: _____

Address: _____ City, State, Zip _____

Email: _____

Title: _____ Institution/Agency: _____

Name of State Affiliated Association: _____

ACTE Membership Number: _____ Expiration: _____ Years of Membership _____

- I would like to be considered for other committee appointments if not selected for the one above.

Organization	Position(s) Held	Years
ACTE		
Division		
Region V		
Affiliated Association		
Other (please specify)		

Signature: _____

Date: _____

Affiliated Association President: _____

Date: _____

Applicant Employment Supervisor: _____

Date: _____

Completed nomination forms are due by April 1. Please remit to:

Dodie Bemis

BEMISD@lakeareatech.edu